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# Lights, camera, stop! What to remember when television crews come to your hospital

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**Fly-on-the-wall medical documentary programmes are becoming increasingly popular. In fact, they have become a mainstream televisual phenomenon. When things go well, it can be a valuable way of conveying key messages to viewers, for instance on the importance of a variety of public health measures. It can also be a positive way to portray the dedicated work of NHS staff, increase trust between the public and the medical profession, and importantly also show the complexity of healthcare and the real-life challenges that are faced.**

Our recent experience with a TV production team led to a BAFTA Cymru award win for the ITV series *Hospital of Hope*, something Velindre Cancer Hospital had never dreamed would be possible, and down to every single one of the 700+ people who make our building work. On the night of these awards, we were not the only real life documentary to pick up an award in specific categories (*Critical – Inside Intensive Care* also won a BAFTA), which is perhaps representative of the popularity and ubiquity of fly-on-the-wall medical television.

In my work as a palliative care consultant at this trust, I have been surprised at how many people from television and radio have directly asked me to record or film some of the day-to-day work we do. This has led to collaborative work with BBC3, BBC Horizon, ITV and regional production teams. But over the past ten years, I have also had less positive experiences with journalists. Here, I outline some of the key areas to think about before engaging.

Initially, talk to your line managers and also to your communications team. They need to be fully aware and they tend to be very experienced in vetting any crews or individuals who may be approaching you with a programme pitch. They will also usually guide visitors through the paperwork, and help patients and families give informed consent. Don't do anything without checking with the comms team!

## GMC vs BBC

Look at the guidance for you, and for the TV company. If you are approached in the UK, both the General Medical Council and BBC offer guiding principles on what should be considered.<sup>1,2</sup> The BBC guidance, for instance, covers instances when patients die before giving written consent and what their policy suggests in such instances. Journalists will usually adhere to the following key points, distinguishing between consent to film and consent to broadcast:

- Patients' right to privacy and confidentiality is usually paramount. To enable TV crews to film in highly sensitive medical environments, they distinguish between consent to film (often verbal) and consent to broadcast (always in a form that is provable, often in writing). They would not normally broadcast any footage without clear, informed consent from patients and key medical or emergency staff featured.
- Key to filming in these circumstances is the principle that production teams consult with the medical personnel whose work they are following before making

the initial decision to film a patient.

- It may be appropriate to seek consent to broadcast only after the patient's treatment is complete and the decision has been taken to include their story in the television programme. It will be necessary to maintain close contact with the patient and their family in order to determine how and when to discuss consent to broadcast.

## Trust

Talk to the producers early on and get a feel for whether you trust them. I always do this, and have on occasion chosen not to proceed when my gut instinct has warned me off. Talk to the producer about their approach to the topic, and what they think the key messages might be.

Ask what the title of the programme will be and if this has not been decided on, what draft title was used by the team for their pitch to their executive (there is always a pitch to ensure the finances are in place). If, during filming, the production team wish to go in a different direction with the programme, they should let you know immediately. For instance, if your understanding is that the team are making a programme about Withdrawal of Treatment Ethics and wish to interview you, and then you are told later that the programme will be about assisted dying instead, then you will want to ensure that this new context does not subtly alter your words. Remember that the interviewer's questions are not always broadcast.

## Conduct

I would also consider taking the production team around your healthcare setting without cameras in the first instance, for example on a ward round, or a clinic, and introducing them to colleagues and patients. Observe these interactions. The one occasion that I have had to ask a crew to leave was when they got a camera out and started filming while I was briefly off the ward to take a phone call, and before we had even agreed

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to any filming taking place. Later they claimed it was to check the light levels, but I felt that trust had been breached and ended it there. On other occasions I have had to ask production team members to consider their attire in the hospital, and I hold them to a similar standard as I would with medical students and junior doctors.

## Health and safety

Before filming is about to start, it is good practice to pre-warn the people actually doing all the work in your hospital that there will be lights, cameras and actions, and that this may disrupt normal flow. Let all the teams know, announce it with fliers, and let the Comms team do their usual work to inform everyone. The production team is likely to have had a briefing on matters such as hand hygiene and policies to avoid spread of infection. Letting the fire officer know is a great idea, because the lighting equipment used by camera teams can sometimes trigger fire alarms. Let the production team know which areas to avoid, and cover any written or visual patient identifiers.

Although it may sound obvious, remember to read the contract. In the excitement of the moment ('I'm going to be on telly!') some people have been known to sign the dotted line without scrutiny of the 26+ preceding pages of print. One contract I was asked to consider signing, had a standard clause that all the material filmed could be used into perpetuity, including for other programme outputs. I was not comfortable with this, and asked for the clause to be changed so that it could only be used for the specific programme under discussion. Remember that the production crew may not be involved in the contractual arrangement, so find out who is, and involve your comms and possibly also your hospital's legal team.

## Money

I have never accepted any money for filming or broadcasts, and see it, if I agree to it and Comms team are happy, as part of the wider remit of the job. This has to be decided on an individual basis. The production company may wish to make a donation to a charitable cause, which aligns with the topic you are filming.

## Ethics

When a hospital opens its doors to a camera crew, and journalists join patients in times of crisis to record physicians and nurses at work and at home, which code of ethics should be followed? With the success of the medical



documentary format starting as early as the 1980's, newer programmes have now arrived that are really pushing boundaries. As early as 1995, the General Medical Council (GMC) issued guidance entitled 'Filming patients for television programmes', which emphasised the need for patient consent, and stated that healthcare professionals 'must ensure that the interests and wellbeing of patients are preserved, and take precedence over the public interest in the making of a television or other programme...'<sup>3</sup>

Journalism and medicine abide by different ethical principles, while being filmed in their interactions with patients, and healthcare professionals should be held to the usual confidentiality, consent, privacy, honesty, and autonomy principles on behalf of their patients. In my view, journalists should be held accountable to those same rules and principles as they cross into when coming into healthcare settings, and become active agents in the medical sphere. The ITV and BBC crews that came with us became 'part of the firm' and were careful not to transgress the rules that we had set out.

If something comes up that seems doubtful ethically, discuss it against the ethical principles of Beauchamp and Childress.<sup>4</sup> If anything, I was lucky to work with production teams that were more mindful to these rules than even healthcare staff sometimes are. This code should be discussed and agreed before any filming. Hospital teams should be wary of programme makers who wish to pander to lurid curiosity, or have little regard for a patient's or relative's vulnerability, for instance in the context of advanced illness, palliative care and grief.

## Consent

Some of the issues around consent are covered above, but be aware that the British Medical Association (BMA) in the UK highlights the need for a dual consent process. This means that there is consent to being filmed which is obtained at the time of first patient contact, and the consent for dissemination of the subsequent recording which is sought at a later stage.<sup>5</sup> And remember this consent not only relates to the individuals being filmed, but also pertains to radiological images that appear on camera, however briefly.

All of the above is general guidance that I have picked up from working with excellent Comms teams and with some great TV production crews. Trust your instincts when you are approached, and be ready to step away if something doesn't seem right. On the other hand, remember you can make a real impact on the spread of topics important to your area of expertise, and that this medium is still one that attracts huge audiences. ■

## References

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- 2 BBC editorial guidelines: medical emergencies. Updated 2019. [www.bbc.com/editorialguidelines/guidance/filming-in-medical-emergencies](http://www.bbc.com/editorialguidelines/guidance/filming-in-medical-emergencies)
- 3 General Medical Council. GMC guidance on filming patients for television programmes. *Audiovisual Media in Medicine* 1995;18(4):171.
- 4 Beauchamp TL, Childress JF. *Principles of Biomedical Ethics*. 5th ed. Oxford: Oxford University Press, 2008.
- 5 British Medical Association. *Taking and using visual and audio images of patients*. London: BMA, 2018. <https://bit.ly/36zrFiA> (Accessed 21 October 2019)